PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/901,142

		CLAIMS A	AS FILED	- PART	1		9	SMALL E	NTITY		OTHER	R THAN
_			`(Colun	nn 1)	(Col	umn 2)		TYPE [OR		ENTITY
TOTAL CLAIMS			<u> </u>	•				RATE	FEE		RATE	FEE
FOR			NUMBE	NUMBER FILED		BER EXTRA		BASIC FE	E 370.00	OR	BASIC FEE	740.00
T	OTAL CHARGE	EABLE CLAIMS	m	minus 20= *				X\$ 9=		OR	X\$18=	
IN	DEPENDENT (CLAIMS	r	minus 3 =				X42=	·	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								.140		1		
* If the difference in column 1 is less than zero, enter					"0" in	column 2	' . L	+140=	ļ	OR	+280=	
CLAIMS AS AMENDED - PART II							TOTAL	<u>L</u>	OR		<u> </u>	
	(Column 1) (Column 2) (Column 3)							OTHER I SMALL ENTITY OR SMALL E				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
NON	Total	* 28	Minus	** 3	<u>/</u>	=		X\$ 9=		OR	X\$18=	
AME	Independent	* 6 ENTATION OF M	Minus	*** 6	01.444]=		X42=		OR	X84=	. 4
	TINOT FRES	ENTATION OF IV	IOLITPLE DE	PENDENT	CLAIM			+140=	**	OR	+280=	
							L	TOTAL			TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	Al	DDIT. FEE	0.7	/	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	SŤ IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	,	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	. ***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	ULTIPLE DEI	PENDENT	CLAIM		-			1		
							L	+140= TOTAL		OR.	+280= `	· · · · · · · · · · · · · · · · · · ·
							AD	DIT. FEE		OR A	DDIT. FEE	:02
		(Column 1) CLAIMS		(Colum HIGHE		(Column 3)						
AWICINDIMEN C	And American Street, S	REMAINING AFTER AMENDMENT	FIFT AND THE SECOND SEC	NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=			X84=	~
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT (CLAIM		-			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=		
** If	the "Highest Nur	mber Previously Pa mber Previously Pa	id For" IN THIS	S SPACE is I	ess than	20. enter "20."	ADI	TOTAL DIT. FEE		OR AL	TOTAL DDIT. FEE	
TI	ne "Highest Num	ber Previously Paid	For" (Total or	Independen	t) is the h	nighest number f	found	in the appr	opriate box	in colur	mn 1.	



Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)					mn 2)		SMALL EI	YTITY	OR	OTHER SMALL		
TOTAL CLAIMS			28		ang mengang			RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
Т	TAL CHARGE	ABLE CLAIMS	3/ minus 20= *			1		X\$ 9=		OR	X\$18=	198
INDEPENDENT CLAIMS			6 minus 3 = *			3		X40=		1	X80=	240
Μl	JLTIPLE DEPEN	NDENT CLAIM P								OR		
* If the difference in column 1 is less than zero, enter "0" in column 2								+135=		OR	+270=	270
							TOTAL		OR	TOTAL	141	
87.	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					(Column 3)		SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	Œ.	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		.=		X40=	·	OR	X80=	-
L	FIRST PRESE	T PRESENTATION OF MULTIPLE DEPENDENT CLAIR		CLAIM	, R		+135=			+270=		
						L	TOTAL		OR	TOTAL	* .	
	(Column 1) (Column 2) (Column 3)						A	DDIT. FEE		OR	ADDIT. FEE	÷ :
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S	Total	*	Minus	**		=		X\$ 9=	* 1	OR	X\$18=	
AME	Independent	NITATION OF MI	Minus	***		=		X40=	,	OR	X80=	, ř. – *
* -	PIRST PRESE	NTATION OF MIC	LTIPLE DEPENDENT CLAIM				ا ا	+135=		OR	+270=	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)							ODN.TEL.			ADDIT. FEE	* - *
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	u.	OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		┞	+135=	-		070	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270= TOTAL	
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												